

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

**IN RE: JOHN ERIC CHILDERS  
JENNIFER NICOLE CHILDERS**

**CASE NO. 17-50603  
CHAPTER 13  
JUDGE HOFFMAN**

**NOTICE OF FILING AMENDED SCHEDULE F, AMENDED SCHEDULE I AND  
AMENDED SCHEDULE J**

Take note that Debtor, by and through undersigned counsel hereby gives notice of filing of their Amended Schedule F, which is being amended to add the debts owed to Credit One Bank, Holzer Clinic, and Credit Solutions of Kentucky, LLC, and Amended Schedule I and Amended Schedule J attached hereto.

Respectfully submitted:

/S/ Gary A. Fleshman  
Gary A. Fleshman  
Supreme Court Reg. # 0062771  
79 West Second St.  
Chillicothe, Ohio 45601  
(740) 773-9982  
Attorney for Debtors

**CERTIFICATE OF SERVICE**

Undersigned counsel certifies that a copy of the foregoing **Amended Schedule F, Amended Schedule I and Amended Schedule J** was served on this 5th day of February, 2018 on the following registered ECF participants, electronically through the court's ECF System at the email address registered with the court:

United States Trustee  
170 North High Street  
Suite 200  
Columbus, Ohio 43215

Faye D. English  
Chapter 13 Trustee  
10 W. Broad St., Suite 900  
Columbus, OH 43215

and on the following by first class U.S. Mail:

ACS Wells Fargo  
Wells Fargo Education Financial  
501 Bleecker St  
Utica, NY 13501-2401

Adena Health System  
110 Vaughn Ln  
Chillicothe, OH 45601-8621

Adena Health System  
c/o Trevor J. Innocenti  
117 W. Main Street, Ste. 206  
Lancaster, OH 43130-3799

Atomic Credit Union  
711 Beaver Creek Rd  
Piketon, OH 45661-9140

Brian M. Gianageli  
6305 Emerald Parkway  
Dublin, OH 43016-3241

Capital One  
PO Box 30285  
Salt Lake City, UT 84130-0285

Capital One/Maurices  
PO Box 30258  
Salt Lake City, UT 84130-0258

Credit One Bank  
PO Box 98873  
Las Vegas, NV 89193-8873

Credit One Bank N.A.  
c/o Midland Funding LLC  
2365 Northside Dr Ste 300  
San Diego, CA 92108-2709

Credit Solutions of Kentucky, LLC  
PO Box 24710  
Lexington, KY 40524-4710

DeVry Education Group  
814 Commerce Drive  
Oak Brook IL 60523

DEVRY UNIVERSITY  
1200 EAST DIEHL ROAD  
NAPERVILLE IL 60563-9347

Devry  
c/o Todd, Bremer & Lawson, Inc.  
560 S Herlong Ave  
Rock Hill, SC 29732-9360

Educational Credit Management Corporation  
P.O. Box 16408  
St. Paul, MN 55116-0408

Family Dental Center  
c/o CBCS  
PO Box 163279  
Columbus, OH 43216-3279

Franklin University  
c/o Meade & Associates  
737 Enterprise Dr  
Westerville, OH 43081-8850

George Gusses Co., LPA  
33 S Huron St  
Toledo, OH 43604-8705

Great Lakes  
PO Box 530229  
Atlanta, GA 30353-0229

Holzer  
100 Jackson Pike  
Gallipolis, OH 45631-1560

Holzer Clinic  
PO Box 509  
Gallipolis, OH 45631-0509

Holzer Clinic Inc.  
90 Jackson Pike  
Gallipolis, OH 45631-1560

Internal Revenue Service  
Insolvency Section  
PO Box 7346  
Philadelphia, PA 19101-7346

Jackson County CSEA  
25 E South St  
Jackson, OH 45640-1638

Johnna Jorgensen, DDS  
995 Jackson Pike Ste 101  
Gallipolis, OH 45631-2621

Mann & Carducci Co., LPA  
1335 Dublin Rd Ste 212-A  
Columbus, OH 43215-7070

Maurices Comenity Bank  
Bankruptcy Dept.  
PO Box 182125  
Columbus, OH 43218-2125

Midland Credit Management, Inc. as agent for  
Asset Acceptance LLC  
Po Box 2036  
Warren, MI 48090-2036

Naviant  
PO Box 9500  
Wilkes Barre, PA 18773-9500

Navient Solutions, Inc. on behalf of  
Great Lakes Higher Education Corp.  
2401 Internatioal Lane  
Madison, WI 53704-3192

Nelnet  
PO Box 2970  
Omaha, NE 68103-2970

Nelnet on behalf of NSLP  
National Student Loan Program  
PO Box 82507  
Lincoln NE 68501-2507

ODJFS  
PO Box 182212  
Columbus, OH 43218-2212

Ohio Department of Taxation  
Bankruptcy Division  
P.O. Box 530  
Columbus, OH 43216-0530

OPP Loans Opportunity Financial  
130 E Randolph St Ste 1650  
Chicago, IL 60601-6241

PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

PORFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Portfolio Recovery Associates, LLC  
POB 41067  
Norfolk VA 23541

Regional Acceptance  
PO Box 580075  
Charlotte, NC 28258-0075

Regional Acceptance Corporation  
PO Box 1847  
Wilson, NC 27894-1847

Rise Credit  
PO Box 101808  
Fort Worth, TX 76185-1808

Scheer, Green & Burke Co., LPA  
PO Box 1312  
Toledo, OH 43603-1312

Seth I. Michael  
Jackson County Clerk of Courts  
226 E Main St  
Jackson, OH 45640-1764

State of Ohio Department of Taxation  
Bankruptcy Division  
30 E Broad St Fl 23  
Columbus, OH 43215-3414

Synchrony Bank  
c/o PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Thomas S. Moulton, Jr.  
463 2nd Ave  
Gallipolis, OH 45631-1305

US Department of Education  
PO Box 7202  
Utica, NY 13504-7202

US DEPT OF EDUCATION  
CLAIMS FILING UNIT  
PO BOX 8973  
MADISON WI 53708-8973

Verizon  
by American InfoSource LP as agent  
4515 N Santa Fee Ave  
Oklahoma City OK 73118-7901

Wells Fargo Education Financial  
PO Box 84712  
Sioux Falls, SD 57118-4712

Williams & Fudge Inc.  
300 Chatham Ave  
Rock Hill, SC 29730-4986

/S/ Gary A. Fleshman  
Gary A. Fleshman  
Supreme Court Reg. # 0062771  
79 West Second St.  
Chillicothe, Ohio 45601  
(740) 773-9982  
Attorney for Debtors

Fill in this information to identify your case:

Debtor 1	<b>John Eric Childers</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Jennifer Nicole Childers</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO, COLUMBUS DIVISION		
Case number (if known)	<b>17-50603</b>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
	\$2,903.00	\$2,903.00	\$0.00

2.1 **Internal Revenue Service**  
Priority Creditor's Name  
**Insolvency Section**  
**PO Box 7346**  
**Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Last 4 digits of account number

\$2,903.00

\$2,903.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**Federal Income Tax**

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?  
 No  
 Yes

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
2.2	<b>Jackson County CSEA</b> Priority Creditor's Name	Last 4 digits of account number	<b>\$38,000.00</b>
	<b>25 E South St</b> <b>Jackson, OH 45640-1638</b> Number Street City State Zip Code	When was the debt incurred?	<b>\$38,000.00</b>
	<b>Who incurred the debt? Check one.</b>	<b>As of the date you file, the claim is: Check all that apply</b>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Domestic support obligations	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Taxes and certain other debts you owe the government	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
		<b>Child Support Arrears</b>	
2.3	<b>ODJFS</b> Priority Creditor's Name	Last 4 digits of account number	<b>\$3,176.75</b>
	<b>PO Box 182212</b> <b>Columbus, OH 43218-2212</b> Number Street City State Zip Code	When was the debt incurred?	<b>\$3,176.75</b>
	<b>Who incurred the debt? Check one.</b>	<b>As of the date you file, the claim is: Check all that apply</b>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Domestic support obligations	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Taxes and certain other debts you owe the government	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
		<b>Overpayment of Unemployment Benefits</b>	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.1	<b>ACS Wells Fargo</b> Nonpriority Creditor's Name <b>Wells Fargo Education Financial</b> <b>501 Bleecker St</b> <b>Utica, NY 13501-2401</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$23,611.00</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
		<b>Student Loans</b>	
4.2	<b>Adena Health System</b> Nonpriority Creditor's Name <b>110 Vaughn Ln</b> <b>Chillicothe, OH 45601-8621</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$5,000.00</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		<b>Medical Services</b>	
4.3	<b>Atomic Credit Union</b> Nonpriority Creditor's Name <b>711 Beaver Creek Rd</b> <b>Piketon, OH 45661-9140</b> Number Street City State Zip Code	Last 4 digits of account number	<b>19L4</b>
		When was the debt incurred?	<b>8/2014</b>
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>2011 Hyundai Sonata (repossessed)</b>	

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.4	<b>Atomic Credit Union</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>L183</b>
		When was the debt incurred?	<b>6/2016</b>
	<b>711 Beaver Creek Rd Piketon, OH 45661-9140</b>	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b>	
4.5	<b>Atomic Credit Union</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>9L19</b>
		When was the debt incurred?	<b>9/2016</b>
	<b>711 Beaver Creek Rd Piketon, OH 45661-9140</b>	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Overdraft of Checking Account</b>	
4.6	<b>Capital One</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$1,467.98</b>
		When was the debt incurred?	
	<b>PO Box 30285 Salt Lake City, UT 84130-0285</b>	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Misc. consumer goods</b>	

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.7	<b>Credit One Bank</b> Nonpriority Creditor's Name  <b>PO Box 98873</b> <b>Las Vegas, NV 89193-8873</b> Number Street City State Zip Code	Last 4 digits of account number	<b>8563</b> <b>\$270.76</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Misc. consumer goods</b>	
4.8	<b>Credit One Bank N.A.</b> Nonpriority Creditor's Name <b>c/o Midland Funding LLC</b> <b>2365 Northside Dr Ste 300</b> <b>San Diego, CA 92108-2709</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$626.77</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Misc. consumer goods</b>	
4.9	<b>Credit Solutions of Kentucky, LLC</b> Nonpriority Creditor's Name  <b>PO Box 24710</b> <b>Lexington, KY 40524-4710</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$4,191.16</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>	

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.10	<b>Devry</b> Nonpriority Creditor's Name <b>c/o Todd, Bremer &amp; Lawson, Inc.</b> <b>560 S Herlong Ave</b> <b>Rock Hill, SC 29732-9360</b> Number Street City State Zip Code	Last 4 digits of account number	<b>2540</b>
		When was the debt incurred?	
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.11	<b>Family Dental Center</b> Nonpriority Creditor's Name <b>c/o CBCS</b> <b>PO Box 163279</b> <b>Columbus, OH 43216-3279</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$171.80</b>
		When was the debt incurred?	
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Dental Services</b>	
4.12	<b>Franklin University</b> Nonpriority Creditor's Name <b>c/o Meade &amp; Associates</b> <b>737 Enterprise Dr</b> <b>Westerville, OH 43081-8850</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$1,897.00</b>
		When was the debt incurred?	
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Tuition</b>	

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.13	<b>Great Lakes</b> Nonpriority Creditor's Name <b>PO Box 530229</b> <b>Atlanta, GA 30353-0229</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$25,974.00</b>
		When was the debt incurred?	<b>2008-2010</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
		<b>Student Loans</b>	
4.14	<b>Holzer</b> Nonpriority Creditor's Name <b>100 Jackson Pike</b> <b>Gallipolis, OH 45631-1560</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$5,196.12</b>
		When was the debt incurred?	_____
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		<b>Medical Services</b>	
4.15	<b>Holzer Clinic</b> Nonpriority Creditor's Name <b>PO Box 509</b> <b>Gallipolis, OH 45631-0509</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$1,645.13</b>
		When was the debt incurred?	_____
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		<b>Medical Services</b>	

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.16	<b>Holzer Clinic Inc.</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$1,481.00</b>
<b>90 Jackson Pike Gallipolis, OH 45631-1560</b> Number Street City State Zip Code		When was the debt incurred?	<b>4/2007</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>			
4.17	<b>Johnna Jorgensen, DDS</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$111.01</b>
<b>995 Jackson Pike Ste 101 Gallipolis, OH 45631-2621</b> Number Street City State Zip Code		When was the debt incurred?	
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Dental Services</b>			
4.18	<b>Maurices Comenity Bank</b> Nonpriority Creditor's Name <b>Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$227.42</b>
<b>Who incurred the debt? Check one.</b>		When was the debt incurred?	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Clothes</b>			

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if known)	<b>17-50603</b>
4.19	<b>Naviant</b> Nonpriority Creditor's Name <b>PO Box 9500</b> <b>Wilkes Barre, PA 18773-9500</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$7,182.00</b>
		When was the debt incurred?	<b>2008</b>
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
		<b>Student Loans</b>	
4.20	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 2970</b> <b>Omaha, NE 68103-2970</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$23,208.00</b>
		When was the debt incurred?	<b>2006-2007</b>
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
		<b>Student Loans</b>	
4.21	<b>OPP Loans Opportunity Financial</b> Nonpriority Creditor's Name <b>130 E Randolph St Ste 1650</b> <b>Chicago, IL 60601-6241</b> Number Street City State Zip Code	Last 4 digits of account number	<b>0524</b>
		When was the debt incurred?	_____
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Personal loan</b>	

Debtor 1 Debtor 2	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b> Nonpriority Creditor's Name	Case number (if known)	<b>17-50603</b>
4.22	<b>Rise Credit</b> PO Box 101808 Fort Worth, TX 76185-1808	Last 4 digits of account number	<b>\$6,074.17</b>
	Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Cash Advance</b>	
4.23	<b>Seth I. Michael</b> Nonpriority Creditor's Name Jackson County Clerk of Courts 226 E Main St Jackson, OH 45640-1764	Last 4 digits of account number	<b>0003</b>
	Number Street City State Zip Code	When was the debt incurred?	<b>\$160.00</b>
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Court Costs</b>	
4.24	<b>State of Ohio Department of Taxation</b> Nonpriority Creditor's Name Bankruptcy Division 30 E Broad St Fl 23 Columbus, OH 43215-3414	Last 4 digits of account number	<b>\$824.39</b>
	Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>State Income Tax Certificate of Judgment Lien</b>	

Debtor 1 **Childers, John Eric & Childers, Jennifer Nicole**  
 Debtor 2 \_\_\_\_\_

Case number (if known) **17-50603**

4.25 **US Department of Education**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**\$2,625.00**

**PO Box 7202  
Utica, NY 13504-7202**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

**Student Loans**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Capital One/Maurices  
PO Box 30258  
Salt Lake City, UT 84130-0258**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**George Gusses Co., LPA  
33 S Huron St  
Toledo, OH 43604-8705**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Mann & Carducci Co., LPA  
1335 Dublin Rd Ste 212-A  
Columbus, OH 43215-7070**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Scheer, Green & Burke Co., LPA  
PO Box 1312  
Toledo, OH 43603-1312**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Thomas S. Moulton, Jr.  
463 2nd Ave  
Gallipolis, OH 45631-1305**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Wells Fargo Education Financial  
PO Box 84712  
Sioux Falls, SD 57118-4712**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Williams & Fudge Inc.  
300 Chatham Ave  
Rock Hill, SC 29730-4986**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**2540**

Debtor 1 **Childers, John Eric & Childers, Jennifer Nicole**  
Debtor 2 \_\_\_\_\_

Case number (if known) **17-50603**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	Total Claim	
		\$	38,000.00
	6b. Taxes and certain other debts you owe the government	\$	6,079.75
	6c. Claims for death or personal injury while you were intoxicated	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	\$	44,079.75
Total claims from Part 2	6f. Student loans	Total Claim	
		\$	89,534.31
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$	44,966.75
	6j. Total Nonpriority. Add lines 6f through 6i.	\$	134,501.06

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT**

**In Re: John Eric Childers  
Jennifer Nicole Childers  
Debtor**

**Case No. 17-50603  
Chapter 13  
Judge Hoffman**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

I declare under penalty of perjury that I have read the foregoing Amended Schedule F, which is being amended to add the debts owed to Credit One Bank, Holzer Clinic, and Credit Solutions of Kentucky, LLC, and Amended Schedule I and Amended Schedule J, and that it is true and correct to the best of my knowledge, information, and belief.

Date: 02/05/2018

/S/ John Eric Childers  
John Eric Childers, Debtor

Date: 02/05/2018

/S/ Jennifer Nicole Childers  
Jennifer Nicole Childers, Debtor

Credit One Bank  
PO Box 98873  
Las Vegas, NV 89193-8873

Credit Solutions of Kentucky, LLC  
PO Box 24710  
Lexington, KY 40524-4710

Holzer Clinic  
PO Box 509  
Gallipolis, OH 45631-0509

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

**IN RE:**      **JOHN ERIC CHILDERS  
JENNIFER NICOLE CHILDERS**

**CASE NO. 17-50603  
JUDGE HOFFMAN  
CHAPTER 13**

**VERIFICATION OF AMENDED CREDITOR MATRIX**

Now comes the undersigned debtor(s) and hereby verifies that they have read the attached amended matrix and that it is true and correct to the best of their knowledge and belief.

02/05/2018  
Date

/S/ John Eric Childers  
John Eric Childers

02/05/2018  
Date

/S/ Jennifer Nicole Childers  
Jennifer Nicole Childers